

## PATENT Attorney Docket No. 12971US04

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In	re	Apr	olication	of:
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Grant L. Schoenhard

Serial No.: 10/000,113

Filing Date: October 30, 2001

For: Inhibitors of ABC Drug Transporters at

the Blood-Brain Barrier

Examiner: Vickie Y. Kim

Group Art Unit No.: 1618

Confirmation No.: 8969

Customer No.: 23446

EXPRESS MAIL NO. EV 639809373 US

DATE OF MAILING: August 8, 2005

## TRANSMITTAL LETTER

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for appropriate action are the following:

- 1. Fee Transmittal;
- 2. Request for Continued Examination;
- 3. Information Disclosure Statement, including Form PTO/SB/08A and one cited reference; and
- 4. One return postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd.

Respectfully submitted

Date: August 8, 2005

Michael B. Harlin

Registration No. 43,658

McAndrews, Held & Malloy, Ltd. 500 West Madison Street, 34<sup>th</sup> Floor

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PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<ul> <li>Under the Paperwork Re</li> </ul>	duction Act of 19	995, no persons are require	ed to respond to a collec	tion of information unle	ss it displays a v	valid OMB control number
Effec	tive on 12/08/20	004.		Complete if	Known	
N 3- VA		ates Act. 2005 (H.R. 4818) ■	Application Number	10/000,113		
' FEETR			Filing Date	October 30, 2001		
for	<b>FY 20</b>	05	First Named Inventor	Grant L. Schoenhard		
THE STATE OF THE S			Examiner Name	Vickie Y. Kim		
Applicant claims sm	nall entity statu	us. See 37 CFR 1.27	Art Unit	1618		
TOTAL AMOUNT OF PA	YMENT (\$)	395.00	Attorney Docket No.	12971US04		
METHOD OF PAYMENT (check	ck all that apply)					
Check Credit	Card M	oney Order 🔲 Non	ne 🔲 Other (please	identify):		
Deposit Account	Deposit Accou	nt Number: <u>13-0017</u>	Deposit Accoun	t Name: McAndrews	Held & Malloy	
For the above-identi	ified deposit ac	count, the Director is he	reby authorized to (ch	eck all that apply)		
Charge Fee(s	s) indicated bel	ow	Charge Fee	e(s) indicated below,	except for the	e filing fee
under 37 CFI	R 1.16 and 1.1			overpayments		
WARNING: Information on thinformation and authorization			information should not	be included on this fo	rm. Provide cr	edit card
FEE CALCULATION						
1. BASIC FILING, SEARC	H, AND EXAM	IINATION FEES				
			EARCH FEES	EXAMINATION	N FEES all Entity	
Application Type	Fee (\$)	Small Entity Fee(\$) Fee(\$)	Small Entity Fee(\$)	ree(2)	ee(\$)	Fees Paid(\$)
Utility	300	150 500	250	200	100	
Design	200	100 100	50	130	65	
Plant	200	100 300	150	160	80	
Reissue	300	150 500	250	600	300	
Provisional	200	100 . 0	0	0	0	
2. EXCESS CLAIM FEES					-	Small Entity
Fee Description Each claim over 20, or for	Raissuas aarl	o claim over 20 and more	e than in the original o	atent	<u>Fee</u> 5	
Each independent claim ov	· · · · · · · · · · · · · · · · · · ·					00 100
Multiple dependent claims					36	60 180
Total Claims		Claims Fee(\$)	Fee Paid (\$)	_	lultiple Depen	
	or HP	aid for, if greater than 20		- <u>-</u>	<u>ee</u>	Fee Paid (\$)
Indep. Claims	•	Claims Fee(\$)	Fee Paid (\$)	-		
	r HP	x	=	_		
HP = highest number o	f independent	claims paid for, if greater	than 3			
3. APPLICATION SIZE FI	rawings exceed	d 100 sheets of paper, the tion thereof. See 35 U.S			r small entity)	
Total Sheets	Extra Shee		of each additional 50		Fee(\$)	Fee Paid(\$)
-100			und up to a whole nur	-	100(4)	=
4. OTHER FEE(S)			and up to a whole har			Fee Paid(\$)
` '	on, \$130 fee (r	no small entity discount)				
	•	ED EXAMINATION				395.00
11200011				· · · · · · · · · · · · · · · · · · ·		
SUBMITTED BY	. 1					: ×1:=: {
Signature	Wieland	BHarlin	Registration No.	43,658	Telephone	(312)775-8000
	ael B. Harlin	- Jum	(Attorney/Agent)		Date	August 8, 2005